



**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Zerius Arerette Date of Request: 10-30-04  
 ID # 217905 Date of Birth: \_\_\_\_\_ Location: B-3-67  
 Nature of problem or request: I'm having problem with a tooth, i really need it pulled.

Randie Adde  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Time: \_\_\_\_\_ AM PM  
 Allergies: \_\_\_\_\_

RECEIVED	
Date:	11-2-04
Time:	6:30
Receiving	Initials
DA	DA

(S)ubjective: Dental screening

(O)bjective (V/S): T: Problem P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_

(A)sessment: Reque

(P)lan: Dental

Refer to: MD/PA Mer

Check One: ROUTINE

If Emergency was .....

Was MD/PA on call notified: Yes       

Anne Mertz PA

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Zarius Averette Date of Request: 10-30-04  
 ID # 217905 Date of Birth: \_\_\_\_\_ Location: B-3-6-T  
 Nature of problem or request: I need to see a doctor about my left elbow and back the problem has gotten worst.

*[Handwritten Signature]*  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Time: \_\_\_\_\_ AM PM  
 Allergies: \_\_\_\_\_

RECEIVED		
Date:	Time:	Receiving Nurse Initials _____

**(S)ubjective:**

**(O)bjective (V/S):** T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_

**(A)ssessment:**

*NO Show 10/04 AT S*

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

**SIGNATURE AND TITLE**

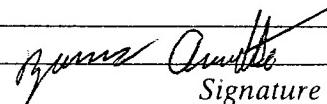
WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Zavius Averette, Date of Request: 10-18-04  
 ID # 217905 Date of Birth: \_\_\_\_\_ Location: B-1-12-T  
 Nature of problem or request: My left elbow and back has got worst, really need to see the doctor. The medicine don't work at all.

  
 Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 10/18/04  
 Time: 2:04 PM  
 Allergies: NWA

RECEIVED	
Date:	<u>10/18/04</u>
Time:	<u>2:03</u>
Receiving Nurse Initials <u>JK</u>	

(S)ubjective: Pt. c/o L elbow + back pain from a previous injury. Pt is he was treated w/ meds, the meds are now over & the pain persists. Would like to see MD to get another order for meds.  
 (O)bjective (V/S): T: 98 P: \_\_\_\_\_ R: 20 BP: 110/70 WT: 170

(A)sessment: Backed elbow pain upon bending

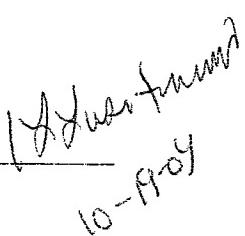
(P)lan: MD to evaluate  
Motrin 600 mg.

Refer to: MD/PA Mental Health Dental Daily Treatment      Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No   
 Was MD/PA on call notified: Yes  No

  
 SIGNATURE AND TITLE

  
 10-18-04

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Zavius Averette Date of Request: 10-27-04  
 ID # 217905 Date of Birth: \_\_\_\_\_ Location: B-3-b-7

Nature of problem or request: I'm still having problems with my left elbow and my back. My Back has gotten worse.

Maurice Arnold  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 10/27/04  
 Time: 8 AM PM  
 Allergies: MFA

RECEIVED
Date:
Time:
Receiving Nurse Initials _____

(S)ubjective: My Back keeps on hurting I keep coming back here because the medicine keeps on hurting me

(O)bjective (V/S): T: 98<sup>2</sup>/P: 86/R: 20/BP: 110/78/WT: 170  
Back pain upon bending over flanches in pain

(A)sessment: All derutes ~ in comfort

(P)lan: Wcp Review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No

Was MD/PA on call notified: Yes  No

Labs pending

10-28-04  
A. Gustafson PA

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Zavivs Averette Date of Request: 10-15-04  
 ID # 217905 Date of Birth: \_\_\_\_\_ Location: B-1-12-T  
 Nature of problem or request: I been requesting to get my left elbow, back and my right ankle check. Cause the problems has gotten ~~get~~ worse.

  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Time: \_\_\_\_\_ AM PM  
 Allergies: \_\_\_\_\_

RECEIVED	
Date:	
Time:	
Receiving Nurse Initials _____	

**(S)ubjective:**

**(O)bjective (V/S):** T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_

**(A)ssessment:**

*No Show*  
*10.15.04 DM*

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

**SIGNATURE AND TITLE**

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Zavious Averette Date of Request: 10-6-04  
 ID # 217905 Date of Birth: \_\_\_\_\_ Location: B-1-12-T  
 Nature of problem or request: I'm still having problem with my left elbow, right side  
and my back. My back has gotten worst

  
 Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 10/17/04  
 Time: 6:00 AM  PM  
 Allergies: NKA

RECEIVED	
Date:	
Time:	
Receiving Nurse Initials _____	

**(S)ubjective:**

**(O)bjective (V/S):** T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_

**(A)sessment:**

*Refuse*

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No

Was MD/PA on call notified: Yes  No

**SIGNATURE AND TITLE**

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Zavious Averette Date of Request: 9-25-04  
 ID # 217905 Date of Birth: \_\_\_\_\_ Location: 13-1012-1  
 Nature of problem or request: I sign up for Sick Call last week, i never seen the doctor, I need to see the doctor, cause I'm still having problems with my back, left elbow and right ankle.

  
 Signature

**DO NOT WRITE BELOW THIS LINE**

Date:   /  /    
 Time:              AM PM  
 Allergies:                         

RECEIVED
Date: <u>9-26-04</u>
Time: <u>2115</u>
Receiving Nurse Initials <u>Ak</u>

**(S)ubjective:**

**(O)bjective (V/S):** T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_

**(A)sessment:**

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No

Was MD/PA on call notified: Yes  No

**SIGNATURE AND TITLE**

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Zavius Averette Date of Request: 9-19-04

ID # 212905 Date of Birth: \_\_\_\_\_ Location: B-1-12-T

Nature of problem or request: I'm still having problems with my back and right shoulder left elbow  
the medicine the doctor gave me didn't help at all

James Austin  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 9/17/04  
Time: 8:15 AM  PM  
Allergies: NKA

RECEIVED	
Date:	
Time:	
Receiving Nurse Initials _____	

(S)ubjective: upper back very painful also right elbow hurts  
The last medicine I got didn't help

(O)bjective (V/S): T: 97.4 P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_  
Ambulation is difficult - right elbow is moderate swelling  
Full ROM - upper back at ~~elbow~~ mid shoulder level  
is muscle spasm - 3-4 mm scar like lesion to elbow  
 (A)sessment: Altuation in comfort

(P)lan: M.D./PA/CRNP Review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No

Was MD/PA on call notified: Yes  No

James Austin  
SIGNATURE AND TITLE

9-2207

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



## EMERGENCY

ADMISSION DATE 09/10/04	TIME 10:48 AM	ORIGINATING FACILITY Staton pop	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT					
ALLERGIES NKA	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA							
VITAL SIGNS: TEMP 98.3	ORAL RECTAL	RESP. 18	PULSE 73					
B/P 120/68			RECHECK IF SYSTOLIC <100-50					
NATURE OF INJURY OR ILLNESS <p>5- "The bone in my (L) elbow has been hurting for 2 1/2 wks. I've had a knot on my (R) ankle for 2 weeks &amp; it's sore, the top of my back gives me problems when I lean over."</p>								
<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN XX</td> <td>FRACTURE Z</td> <td>LACERATION / SUTURES</td> </tr> </table>				ABRASION //	CONTUSION #	BURN XX	FRACTURE Z	LACERATION / SUTURES
ABRASION //	CONTUSION #	BURN XX	FRACTURE Z	LACERATION / SUTURES				
<p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>								
<p>PHYSICAL EXAMINATION</p> <p>O- Articulated into 10cm 3 diff. areas x 3. Skin w/ sl to the touch, resp even &amp; unlabored. Hard raised area noted to innw (R) leg midway. Approx. quarter sized. 90 pain upon palpation, painful stimuli noted, 10/10 to toes good, pulse strong. Small wound noted to (L) elbow, good ROM, grip to (R) hand good. 90 pain across shoulders upon bending over, Edema, &amp; spasms noted.</p> <p>A- Alteration in comfort</p>								
<p>DIAGNOSIS</p> <p>Hgt. 165, 98%</p>								
<p>INSTRUCTIONS TO PATIENT</p>								
DISCHARGE DATE 09/10/04	TIME 11:03 AM	RELEASED TRANSFERRED TO Staton	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL					
NURSE'S SIGNATURE Staton pop	DATE 09/10/04	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION				
INMATE NAME (LAST, FIRST, MIDDLE) Averette, Zavair			DOC#	DOB	R/S	FAC.		
			217905		Bm	Staton		



**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Zavius Averette.

Date of Request: 9-8-04

ID # 217905

Date of Birth: \_\_\_\_\_ Location: B-1-12-T

Nature of problem or request: I'm the one that you told to resign up about the x-rays on my back, right leg and left elbow. It been over two week and i still haven't seen the doctor or took any x-rays. The problem has got worst.

Zavius Averette

Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 9/9/04  
Time: 7:30 AM (PM)  
Allergies: UKA

RECEIVED

Date:

Time:

Receiving Nurse Initials \_\_\_\_\_

(S)ubjective: ① elbow is swollen and hurts to bend it also upper back hurts where I was slammed down on it - also I have a knot on ② leg where I was hit in the

(O)bjective (V/S): T: 97.8 P: 76 R: 20 BP: 118/70 WT: 171

Ambulatory & difficulty - 2-3 cm area of hard tissue on medial aspect of ② leg & go pain on palpation - swelling to medial ① Elbow & ↓ ROM and go pain on ROM -

(A)sessment: had MD opt on 9/6 but no show NO Show on 3 Sick Call

Alteration in Comfort

(P)lan: M.D./PA/CRNP IN Am

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No

Was MD/PA on call notified: Yes  No

R. Beck Jr.

**SIGNATURE AND TITLE**

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



## PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Ronnie Averette Date of Request: 8-21-04  
 ID # 217905 Date of Birth: \_\_\_\_\_ Location: B-1-B-T  
 Nature of problem or request: I Done filled out 3 request since  
 about (Bath) at 20, now that such an area not long to go.

Jeanne Chastell  
 Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 9/9/04

Time: 7:30 AM PM

Allergies: DKM 20

RECEIVED

Date:

Time:

Receiving Nurse Initials \_\_\_\_\_

(S)ubjective: my Dr. Cray has a

(O)bjective (V/S): T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_

(A)ssessment:

ND Show

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

**SIGNATURE AND TITLE**

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Zavious Averette

Date of Request: T-304

ID # 217905

Date of Birth:

Location: B-1-12-J

Nature of problem or request: I had come to Sick Call Monday about my left elbow, Back and my right leg. The nurse put me down for x-rays and they charged me for it but i never got my x-rays taken. The problem is getting worst.

Zavious Averette  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 1/1/

Time:                  AM PM

Allergies:                 

RECEIVED

Date:

Time:

Receiving Nurse Initials                 

**(S)ubjective:**

No Show

**(O)bjective (V/S):** T:                  P:                  R:                  BP:                  WT:                 

**(A)sessment:**

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No

Was MD/PA on call notified: Yes  No

**SIGNATURE AND TITLE**

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Zavious Averette Date of Request: 8-27-04

ID # 217905 Date of Birth: \_\_\_\_\_ Location: B-1-12-7

Nature of problem or request: I have a BACK problem and it done got worst.

My left eye is giving me problem, it real blurry, the vision is weak in it. My left elbow and my right leg is still bothering me it hurt when i walk or put any type of pressure on it.

Ryan Amato  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 8/30/04  
Time: 10<sup>10</sup>/pm AM PM  
Allergies: NKDA

RECEIVED
Date: <u>8/29/04</u>
Time: <u>1030</u>
Receiving Nurse Initials <u>J</u>

SICK  
call

(S)ubjective: (L) elbow mid section of back thorax region and R) leg hurt. I got jumped on. They took me off the farm because I been complaining about it but its not get better.

(O)bjective (V/S): T: 98° F P: 71 R: 17 BP: 140/70 WT: 170#  
024700 BM C40 pain in (R) leg. deformities present - has an old bruise on upper aspect of leg. painful when apply pressure Walk. Elbow has about 1/2 in scar almost completely healed. Feel-Rom & deformities noted. C10 block block unable to bend (A)sessment: to touch toes. appear to be an old bruise on (R) scapula. tender to touch.

(P)lan: Reviewed by MD. motion becoming BIDX 3 days

Refer to: MD/PA Mental Health Dental Daily Treatment      Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No

Was MD/PA on call notified: Yes  No

R. Alvarado

**SIGNATURE AND TITLE**

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Zavus Averette Date of Request: 8-23-04  
 ID # 217905 Date of Birth: \_\_\_\_\_ Location: B-1-12-T  
 Nature of problem or request: I'm having pain in my both of my arms and my right leg.

Zavus Averette  
 Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 8/25/04  
 Time: 0400 AM PM  
 Allergies: NKA

RECEIVED	
Date:	
Time:	
Receiving Nurse Initials _____	

(S)ubjective: I signed up last time about my elbow. I hit my elbow & it's still bruised. It may rt leg is bruised. I was hit by a stick by an officer. It happened sund

(O)bjective (V/S): T: 97.8 P: 80 R: 20 BP: 118/78 WT: 170

Small laceration noted on left elbow. Bruise noted to side of upper rt thigh. Ambulating S difficulty alert & oriented. Resp unlabored

Alt in comfort

(P)lan: Health care provider review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

C. Heile, RN

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Lewis Bryant Date of Request: 8-18-06

ID # 212905 Date of Birth: 10-10-66 Location: Holdings Unit

Nature of problem or request: I just a request on Service and I still  
haven't seen a doctor yet. I'm sick & I need medical attention.  
I don't know what to do. I hope you can help me.

Lewis Bryant  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date:   /  /  

Time:        AM PM

Allergies:       

RECEIVED

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Receiving Nurse Initials \_\_\_\_\_

**(S)ubjective:**

**(O)bjective (V/S): T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_**

**(A)sessment:**

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

**SIGNATURE AND TITLE**

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



## EMERGENCY

ADMISSION DATE 08 / 15 / 04		TIME 11:00 AM PM	ORIGINATING FACILITY MC □ SIR □ PDL □ ESCAPEE □	□ SICK CALL □ EMERGENCY □ OUTPATIENT																					
ALLERGIES NKA		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD □ FAIR □ POOR □ SHOCK □ HEMORRHAGE □ COMA																							
VITAL SIGNS: TEMP 98.2		ORAL RECTAL	RESP. 20	PULSE 92 B/P 130/92 RECHECK IF SYSTOLIC <100/50																					
NATURE OF INJURY OR ILLNESS <p>S. 2 High my son. Body Chalked by Doc Escorted to SHQ by officer tenicks</p>		<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN XX XX</td> <td>FRACTURE Z Z</td> <td>LACERATION / SUTURES</td> </tr> </table>			ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES																
ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES																					
PHYSICAL EXAMINATION <p>O Superficial Laceration to Left elbow. O other bruises or abrasions noted. O Sat 97</p>		<p>PROFILE RIGHT OR LEFT</p>																							
		<p>RIGHT OR LEFT</p>																							
DIAGNOSIS <p>A. Migrated, Nskn in Neghett</p> <p>P. HC P Revied)</p>		<table border="1"> <tr> <td>ORDERS / MEDICATIONS / IV FLUIDS <p>Clean neghett vs apply to area bandage applied.</p></td> <td>TIME</td> <td>BY</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			ORDERS / MEDICATIONS / IV FLUIDS <p>Clean neghett vs apply to area bandage applied.</p>	TIME	BY																		
ORDERS / MEDICATIONS / IV FLUIDS <p>Clean neghett vs apply to area bandage applied.</p>	TIME	BY																							
INSTRUCTIONS TO PATIENT <p>Sign upper sick call for my problems</p>																									
DISCHARGE DATE 08 / 15 / 04		TIME 11:00 AM PM	RELEASE / TRANSFERRED TO □ DOC □ AMBULANCE	CONDITION ON DISCHARGE □ SATISFACTORY □ POOR □ FAIR □ CRITICAL																					
NURSE'S SIGNATURE McLean		DATE 08/15/04	PHYSICIAN'S SIGNATURE M. McCarthy	DATE 8/16/04																					
INMATE NAME (LAST, FIRST, MIDDLE) Annette, Leanne		<table border="1"> <tr> <td>DOC#</td> <td>DOB</td> <td>R/S</td> <td>FAC.</td> </tr> <tr> <td>217905</td> <td></td> <td>s/m</td> <td>Hypo</td> </tr> </table>			DOC#	DOB	R/S	FAC.	217905		s/m	Hypo													
DOC#	DOB	R/S	FAC.																						
217905		s/m	Hypo																						



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Zarous Arette Date of Request: 8-14-04

ID # 217905 Date of Birth: \_\_\_\_\_ Location: Habing Unit

Nature of problem or request: I really need my arms and right leg check they hurt real bad. I can't even use my right arm because it hurt so bad and my right leg have red bruises on it.

Gavin Quinckle  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_ AM PM

Allergies: \_\_\_\_\_

RECEIVED

Date:

Time:

Receiving Nurse Initials \_\_\_\_\_

(S)ubjective:

*NO Show*

(O)bjective (V/S): T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_

*Release in chart  
in PRB*

(A)sessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

**SIGNATURE AND TITLE**

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Last Name _____	First _____	Middle Initial _____	AIS # _____
Date _____	Allergies _____		Facility _____
SIG.  Dolobut x 10 mg po TID x 14 days Cetac 100 mg po BID x 3 days			Discontinue  Continue  Increase  Decrease
Physician Signature: <i>B. Johnson CRN#</i>			<i>3/24/03 M/LB</i>

NC002

Last Name _____	First _____	Middle Initial _____	AIS # _____
Date _____	Allergies _____		Facility _____
SIG. Proxyzadine 100 mg BID x 21 days Flagyl 500 mg PO BID x 21 days Zantac 150 mg PO BID x 21 days			Discontinue  Continue  Increase  Decrease
Physician Signature:			<i>3/16/03 B. Johnson CRN#</i>

NC002

Last Name _____	First _____	Middle Initial _____	AIS # _____
Date _____	Allergies _____		Facility _____
SIG. Deltam + Stolon ② Colace 450 mg po TID x 30 days ③ Reflex T 500 mg po TID x 8 days ④ Motrin 600 mg po TID propan x 5 days			Discontinue  Continue  Increase  Decrease
Physician Signature:  ③ Dolobut x 10 mg po TID x 14 days			<i>3/3/03 B. Johnson CRN#</i>

NC002

Last Name _____	First _____	Middle Initial _____	AIS # _____
Date _____	Allergies _____		Facility _____
SIG. Dolobut x 10 mg po TID x 5 days			Discontinue  Continue  Increase  Decrease
Physician Signature: <i>B. Johnson CRN#</i>			<i>3/26/03 B. Johnson CRN#</i>

NC002

-----  
Health Services Request Form

Inmate Name Zarius Arrestor

Date of Request 2-703

AIS No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Housing Loc. B-1-3-T

Nature of problem or request The medicine that the doctor gave  
me for my stomach it don't work, I need something  
stronger.

Sign here for consent to be treated by health staff for the condition described above.

Place this slip in Medical Box or designated area cell 6 611

DO NOT WRITE BELOW THIS LINE

Stanton

Health Care Documentation

Subjective: "I have a small bowel movement after breakfast everyday but not much"

Objective: BP 126/80 P 82 R 20 T 97.8 WT 180

abd firm, slight distension, hyperactive BS x 4 quads - admits to passing several, very small stools each AM & Breakfast -

Assessment: Alteration in elimination

2-10-03

Plan: M.D./CRNP Review

6

B22 4200

Refer to: PA/ Physician

Mental Health

Dental

Education: increase fluid intake

Protocol used: (specify)

Signature MSB

Title

Time 12:50 AM Date 2/10/03

-----

## Health Services Request Form

Inmate Name

Kavious Averette

Date of Request 2-15-03

AIS No 21M905

Date of Birth

Housing Loc. B-1-3-T

Nature of problem or request

The pain in my side is not getting better.

Sign here for consent to be treated by health staff for the condition described above. Signature

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

2003 L-1 ADD  
station

## Health Care Documentation

Subjective:

C/O Pain in R side &amp; 2wks. P

Objective:

BP 122/70 P 84 R 20 T 98.9 WT 190  
BM 2/18/03, and soft S distention, Lung CTA

Assessment:

Alteration in comfort

2-18-03

Plan:

MD to see

6

(by) 4th

Refer to:

PA/Physician

Mental Health

Dental

Education:

Instructed to check last

Protocol used: (specify)

Nature

R. S. M. S.

Title RN

Time 755 p.m.

Date 2/18/03

Last Name	First	Middle Initial	
Annette Zarins		Z	AIS # 217905
Date	Allergies	NKA	Facility Station
SIG.	CYR - PA + Lat KUB CBC + CMP		
Physician Signature:	B. Stevens, MD		

NC002

Last Name	First	Middle Initial	
Annette	Zarins	Z	AIS # 217905
Date	Allergies	NKA	Facility Station
Diltiazem tabs 60 mg po BID x 3 Pro Colace 100 mg po QID x 30			
Signature:	B. Stevens, MD		

NC002

Last Name	First	Middle Initial	
Annette	Zarins	Z	AIS # 217905
Date	Allergies	NKA	Facility Station
Diltiazem tabs 60 mg po TID x 1 Colace 100 mg po BID x 30 Reglan 10 mg po BID x 10 Motrin 800 mg po BID x 7 re: B. Stevens, MD			

NC002

Last Name	First	Middle Initial	
Annette	Zarins	Z	AIS # 217905
Date	Allergies	NKA	Facility Station
Add to my list Total E. Elliptical 13/200 B. Stevens, MD			

## Health Services Request Form

Inmate Name Zane, vs AveretteDate of Request 1-31-03

AIS No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Housing Loc. B-1-3-7

Nature of problem or request I Really need a standing profile, cause when I'm in that long cold pill cell I, no I get weak, dizzy and I also start shaking real bad and also headaches - they come and go...

I hereby consent to be treated by health staff for the condition described above.

Place this slip in Medical Box or designated area

*1-31-03 JAN 30 2003*

DO NOT WRITE BELOW THIS LINE

## Health Care Documentation

Name: *Dwight Averette*

BP 120/80 P 80 R 20 T 96.5 WT 186 lbs

No Ousted, resp reg & ease. Denies any  
n Coughs & m. Skin w/o touch.  
Sust. BS present

Alterations in comfort

*1-31-03*

S + S See

*BS*

Physician

Mental Health

Dental

*Retained to check last pill*

*DR*

Title RN

Time 1342 Date 1/30/03

Last Name	First	Middle Initial	
Date	Allergies		AIS # <u>217925</u> Facility <u>SPB</u>
SIG.	Nasal spray eye drops 7 days x 10-15mls Continue <u>BB</u> Discontinue <u>BB</u> Increase <u>BB</u> Decrease		
Physician Signature:	<u>B. M. L. 3/3/02</u>		

NC002

Last Name	First	Middle Initial	
Date	Allergies		AIS # <u>217925</u> Facility <u>SPB</u>
SIG.	Nasal spray eye drops 7 days x 10-15mls Continue <u>BB</u> Discontinue <u>BB</u> Increase <u>BB</u> Decrease		
Physician Signature:	<u>B. M. L. 3/3/02</u>		

NC002

Last Name	First	Middle Initial	
Date	Allergies		AIS # <u>217925</u> Facility <u>SPB</u>
SIG.	Nasal spray eye drops 7 days x 10-15mls Continue <u>BB</u> Discontinue <u>BB</u> Increase <u>BB</u> Decrease		
Physician Signature:	<u>B. M. L. 3/3/02</u>		

NC002

Last Name	First	Middle Initial	
Date	Allergies		AIS # <u>217925</u> Facility <u>SPB</u>
SIG.	Nasal spray eye drops 7 days x 5 days Continue <u>BB</u> Discontinue <u>BB</u> Increase <u>BB</u> Decrease		
Nature:	<u>BB</u>		

NC002



DEPARTMENT OF CORRECTIONS  
TRANSFER & RECEIVING SCREENING FORM

4-95

RECEIVED: Inmate/Health Record

Institution: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

RECEIVED FROM:  
Institution/Work Release Center/Free-World Hospital

RECEIVING MEDICAL STATUS

- Population  
 Infirmary  
 Isolation

RELEASED: Inmate/Health Record

Institution: STRIKANDate: 1/11/05 Time: 1110 AM/PM

RELEASE FROM:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Infirmary   | <input type="checkbox"/> Segregation   |
| <input type="checkbox"/> Population  | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Other _____ |  |

ALLERGIES:

WCDR

## PHYSICAL EXAMINATION

Date of last exam: \_\_\_\_\_

Chest X-Ray Date: \_\_\_\_\_ Result: \_\_\_\_\_

PPD Reading 8-24-04 f

Classification: \_\_\_\_\_

Limitations: \_\_\_\_\_

## LAB RESULTS -- LAST REPORT

Date

Normal

Abnormal

YES

NO

CBC

\_\_\_\_\_

 Wears Glasses/Contacts

Urinalysis

\_\_\_\_\_

 Dental Prosthesis

\_\_\_\_\_

\_\_\_\_\_

 Hearing Aide

\_\_\_\_\_

\_\_\_\_\_

 Other Prosthesis Receiving Nurse

## CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

## CURRENT MEDICATION -- DOSAGE AND FREQUENCY

Deldene Long-Kol

- |               |  |   |
|---------------|--|---|
| MEDICATIONS   | <input type="checkbox"/> Sent w / inmate | <input type="checkbox"/> Not sent w / inmate            |
| X-RAY FILM    | <input type="checkbox"/> Sent w / inmate | <input checked="" type="checkbox"/> Not sent w / inmate |
| HEALTH RECORD | <input type="checkbox"/> Sent w / inmate | <input type="checkbox"/> Not sent w / inmate            |

Released to: DonaldsonDate: 1/11/05 Time: 1110 AM/PM

- |                |                                   |                                       |
|----------------|-----------------------------------|---------------------------------------|
| MEDICATIONS    | <input type="checkbox"/> Received | <input type="checkbox"/> Not Received |
| X-RAY FILM     | <input type="checkbox"/> Received | <input type="checkbox"/> Not Received |
| HEALTH RECORD  | <input type="checkbox"/> Received | <input type="checkbox"/> Not Received |
| CHART REVIEWED | <input type="checkbox"/> YES      | <input type="checkbox"/> NO           |

Received by: \_\_\_\_\_ Signature of Receiving Nurse

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

## FOLLOW-UP CARE NEEDED

 Medical       Dental Mental Health

Date

Time

With Whom -- Location (Sending Nurse)

Date/Appt. Made w/Whom (Rec. Nurse)

\_\_\_\_\_

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NURSING ASSESSMENT (SENDING NURSE)  
(Noted from health record documentation)HISTORY  
(Noted from inmate assessment)NURSING ASSESSMENT (RECEIVING NURSE)  
(Noted from inmate assessment)

CONDITION	Yes		No	
	Open Sores	Lice	Edema	Warm & Dry
Alert				
Oriented				
Uncooperative				
Depressed				

INTAKE  
Sick Call Procedures Explained \_\_\_\_\_  
Height \_\_\_\_\_  
Weight \_\_\_\_\_  
Blood Pressure \_\_\_\_\_  
Temperature \_\_\_\_\_  
Pulse Resp. \_\_\_\_\_  
Other \_\_\_\_\_

Signature of Nurse Completing Assessment (Sending Nurse)

Date

Signature of Intake Screening Nurse (Receiving Nurse)

Date

INMATE NAME (LAST, FIRST, MIDDLE)

Anneke, Marvin W.DOC# 27958DOB [REDACTED]Race/Sex BnFAC. SOC

PHS-MD-70009

/White - Medical Jacket Yellow - Transfer Coordinator/

# Health Services Request Form

Inmate Name Zavious AveretteDate of Request 1-25-03

AIS No.

Date of Birth

Housing Loc. B-3-TNature of problem or request Last 3 days i been feeling real weak and  
dizzy. I also have a real bad headache



## HEALTH SERVICES REQUEST FORM

Print Name: Leavis Averette Date of Request: 12-24-02

ID#: 217905 Date of Birth: [REDACTED] Housing Location: B-1-3-T

Nature of problem or request: It has been over 2 month and still i havent recover  
on treatment for my eye.

Dave Gatto  
Sign here for consent to be treated by health staff for the condition described

Station

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA

\*\*\*\*\*

12-30-02

4

By car

## HEALTH CARE DOCUMENTATION

Subjective: I still got this cyst to yr eye. Epsom salt Tx didnt work and the cream

Objective: BP 140/80 P 70 R 20 T 97 wt 170

Alerg 3 Orient (B) Resp at ease, S/M raised Area noted to (y/lid). Tenderness noted when palpate Adusted

Assessment:  
alteration in comfort

Plan: MD to review

Refer to: PA/Physician Mental Health Dental

ABove

skin

Date: 12/29/02 Time: 11:35p



## HEALTH SERVICES REQUEST FORM

Print Name: Zain AverelleDate of Request: 9-9-02ID#                 Date of Birth:                 Housing Location: G.E.Nature of problem or request: I have a cyst on my left eye. I need to remove it. I need some skin cream for my foot.Thank you

SEP 10

Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA

9-11-02

## HEALTH CARE DOCUMENTATION

Subjective: Five months ago the doctor told me I had a cyst to my left eye. The doctor even drains it for me. Now the cyst is back again. Need cream for my feet.Objective: BP 100/70 P 80 R 20 T 98 WT 176Assessment: Alert 3 Orient X3. Respirations. Med size raised area noted under left eye. Tenderness noted. Crusting and scaling noted to feet and between toes. O drainage  
Alteration in comfort / skin integrityPlan: MD to reviewRefer to: PA/Physician Mental Health Dental

Name _____	Last _____	First _____	Middle Initial _____	AIS # _____
Date _____	5-1-02	Allergies _____	NKA DA	Facility _____
SIG. _____	<i>Pt 1 w/e from no treatment</i>			Discontinue Continue Increase Decrease
Physician Signature: _____	<i>B. Helms, C.P.A.</i>			<i>Stop by 5/10/02 Spank @ 11 AM</i>

NC001

Name _____	Last _____	First _____	Middle Initial _____	AIS # _____
Date _____	5-1-02	Allergies _____	NKA DA	Facility _____
SIG. _____	<i>TAD to perform nasal 7/10/02 Pt 1 w/e for no treatment</i>			Discontinue Continue Increase Decrease
Physician Signature: _____	<i>B. Helms, C.P.A.</i>			<i>BB 5/2 5/10/02 Stop by 5/10/02 Spank @ 11 AM</i>

NC002

Name _____	Last _____	First _____	Middle Initial _____	AIS # _____
Date _____	4-24-02	Allergies _____	NKA DA	Facility _____
SIG. _____	<i>Pt 1 w/e from no treatment</i>			Discontinue Continue Increase Decrease
Physician Signature: _____	<i>B. Helms, C.P.A.</i>			<i>Yester 4/24/02 ① 1/10/02 11 AM</i>

NC002

Name _____	Last _____	First _____	Middle Initial _____	AIS # _____
Date _____	4-17-02	Allergies _____	NKA DA	Facility _____
SIG. _____	<i>Pt 1 w/e from no treatment</i>			Discontinue Continue Increase Decrease
Physician Signature: _____	<i>B. Helms, C.P.A.</i>			<i>BB 4/17/02 Stop by 5/10/02 Spank @ 11 AM</i>

NAPHCARE MEDICAL SERVICES  
HEALTH SERVICES REQUEST FORM

Print Name: Zavies A Avelette Date of Request: 2-2-02

ID# 217805 Date of Birth: — Housing Location: A-218-1

Nature of problem or request: The bumps in the back of my head

Has got worse. The shampoo dries them up but they don't go away so if you don't mind could i please get something that will work. Thanks you for your time

I consent to be treated by health staff for the condition described)

Zavies A Avelette  
SIGNATURE

FEB 3 2002

PLACE THIS MEDICAL SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA

\*\*\*\*\*

HEALTH CARE DOCUMENTATION

Subjective The bumps in the back of my head is getting worse,  
the shampoo is not working

Objective: BP 120/70 P 72 R 20 T 97 wt 170

Alert 3 Orient 3. Report cool, dry and sm size bump removed (mod)  
Assessment: to back of head S drainage

Plan: alteration in skin integrity

MD to review

Refer to: PA/Physician Mental Health Dental

Signature John Title JM Date 2/4/02 Time 12:15PM

2-4-02

745  
B below head

**NaphCare****Health Services Request Form**

Print

Zavious AveretteDate of Request 11-27-01

ID No.

Date of Birth

Housing Location A-2-15-5

Nature of problem.

I suppose to had Sugery on my eye and  
it been 3 week it really been hurting me.

Owner/Client

Sign here for consent to be treated by health st. for the condition described above.

NOV 27 2001

Place this slip in Medical Box or designated area  
**DO NOT WRITE BELOW THIS LINE**

Subjective

5<sup>th</sup> saw eye doctor about 3 wks ago was supposed  
 to have surgery. Also T-jel Shampoo didn't work  
 on bumps on back of head

Objective

O - BP 120/80 P 80 R 20 T 98.1 Wt 180

Consultation ordered to Dr. Paik - no answer  
 Bumps noted to hairline in back. See p back  
 Had T-jel ordered as well as Synalar sent  
 Drainage noted

Assessment

A. alteration in comfort / skin integrity

B. MD to review

Referred by Bradford.

(BPT)  
11-2901  
1100

Plan

Refer to  PA/Physician  Mental Health  Dental

Signature M. WoodfinTitle RNDate 11/27/01 11:30

Health Services Request Form

Last Name	First	Middle Initial
16-29-01	Allergies	
SIG.	(1) Zyrtec (Received from Dr. Nuclophen 0.5) (2) Zyrtec 10 mg po tid x 10 days (3) Nasal spray (4) Allergy in Opt in Ointment (5) No cold or flu given	
Physician Signature:	H. B. D. M.D. (1000)	
AIS #	217905	
Facility	S.C.	
Discontinue	<i>Allegra</i>	
Continue	10/29/01	
Increase	10/29/01	
Decrease	10/29/01	

NC002

Last Name	First	Middle Initial
16-29-01	Allergies	
SIG.	(1) Zyrtec 10 mg po tid x 10 days (2) Nasal spray (3) Allergy in Opt in Ointment (4) No cold or flu given	
Physician Signature:	H. B. D. M.D. (1000)	
AIS #	217905	
Facility	S.C.	
Discontinue	<i>Allegra</i>	
Continue	10/29/01	
Increase	10/29/01	
Decrease	10/29/01	

NC002

Last Name	First	Middle Initial
16-29-01	Allergies	
SIG.	(1) Zyrtec 10 mg po tid x 10 days (2) S.C. (W) (W.E.M.Q)	
Physician Signature:	H. B. D. M.D. (1000)	
AIS #	217905	
Facility	S.C.	
Discontinue	<i>Allegra</i>	
Continue	10/29/01	
Increase	10/29/01	
Decrease	10/29/01	

NC002

Last Name	First	Middle Initial
16-29-01	Allergies	
SIG.	(1) Zyrtec 10 mg po tid x 10 days (2) Nasal spray (3) Allergy in Opt in Ointment (4) No cold or flu given	
Physician Signature:	H. B. D. M.D. (1000)	
AIS #	217905	
Facility	S.C.	
Discontinue	<i>Allegra</i>	
Continue	10/29/01	
Increase	10/29/01	
Decrease	10/29/01	

NC002

# Health Services Request Form

Name Zavius Averette Date of Request 10-22-01  
Date of Birth 217905 Housing Location C-1-7-7  
Nature of problem or request I need Some more Shampoo  
Thank you.

Zavius Averette  
here for consent to be treated by health staff for the condition described above.

Oct 23

Place this slip in Medical Box or designated area  
DO NOT WRITE BELOW THIS LINE

## Health Care Documentation

Date

Shampoo renewal, (L) eye

Date

BP 110/80 P 70 R 20 T 98 wt 180

(L) eyelid swollen & drainage % itching redness soft to touch, small Rose Bumps to back of head & drainage

Assessment

ALTERATION SKIN INTEGRITY

PFT  
1V-25-1  
1100

MJ to Review

- PA/Physician    Mental Health    Dental

AH Smith Jr 10/24/01

CORRECTIONAL MEDICAL SYSTEMS  
HEALTH SERVICES REQUEST FORM

SCC

Print Name: Zavious A Areette Date of Request: 9-9-01ID #: 217905 Date of Birth:                    Housing Location: C1Nature of problem or request: I have a knot on my eye, and I need something for bumps in the back of my head.Thank you.

I consent to be treated by health staff for the condition described.

Zavious A Areette  
SIGNATURE

SEP 9 2001

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA

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## HEALTH CARE DOCUMENTATION

Subjective: I have a knot on my eye and it hurts . It's been there for about 3 wks. I have bumps on the back of my head from the hair clippersObjective: BP 130/80 P 78 R 20 T 98<sup>2</sup> 180  
Left eyelid has soft nodule & drainage tender to touch  
Keloid to back of head x 2Assessment: alteration in comfortPlan: MO to reviewBPT  
P-100  
160Refer to: PA/Physician Mental Health DentalSignature: Smellican Lpn Title:                    Date: 9.9.01 Time:

Facility: KILBY Name: AVILLE ZAVIOU  
 Date: 8/24/01 Number: 217903 Race: B W H Other  
 Time: 2:30 AM PM Sex: M F  
 Allergies: DIA Age: Date of Birth:  
 Current Acute Conditions/Problems: D  
 Chronic Conditions/ Problems: D

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: D

Chronic Long-term Medications: D

Chronic Psychotropic Medications: D

Current Treatments: D

Follow-up Care Needed:

Last PPD: 8/28/01 Results: D mmis

Chronic Clinics:

Last Physical: 8/20/01

Specialty Referrals:

Significant Medical History: D

Physical Disabilities/Limitations: D

Assistive Devices/Prosthetics: D

Mental Health History/Concerns:

Substance Abuse: Y/N Alcohol: Y/N

Drugs: Y/N

Hx Suicide Attempt: Date: / /

Signature and Title

Date: 8/24/01

Hx Psychotropic Medication

Previous Psychiatric Hospitalizations

### TRANSFER RECEPTION SCREENING

Date: 8/27/01 Time: 8:45 AM PM

S: Current Complaint: NONE

Current Medications/Treatment: none

Receiving Facility:

Slater

P: Disposition: (Instructions: Check or circle as appropriate)

- Routine, Sick Call
- Instructions Given
- Emergency Referral
- HIV/TB Instruction Giver
- Physician Referral
- Urgent / Routine
- Medication Evaluation
- Work/Program Limitation
- Special Housing
- Specialty Referrals
- Chronic Clinics
- Mental Health
- OTHER
- Infirmary Placement

O: Physical Appearance/Behavior: WNL

Other:

Deformities: Acute/Chronic: NONE

T 92 P 60 R 20 B/P 110/70  
 A: 15 am

Signature and Title



station

217905

## **PROGRESS NOTES**

Date/Time	Inmate's Name:	D.O.B.: / /
11/9/04 wt 170	DO MD Jr. Elbow T-979 P 76 R-20 O-54% B/P 128/66	24/ny+2 we
11/16/04 wt 180	M1) Appt Face Back, arm pain T 98° P 76 R 18 B/P 116/78 O-54% S- My back & (L) elbow still hurts from the fight in September	
	O-Walks = steady gait but 90% pain in slight straight leg raises or passive ROM. 90% pain in flexion of back. P/R spasms or point tenderness noted. Elbow - Scan over acromion process. Good ROM, no edema. XRAY wnc	
	A/P- Will try Feldene, 7/4a /mo. No prof us given ? malingerer	base taping
12/20/04	151/82 T 98 P 71 R 18 wt 180	
	S-The Feldene helps a lot- I'm out of it now	
	O-Good ROM, states less pain.	
	A/P-joint pain; Cont Feldene Fluorop. Sustent	



## **PHYSICIAN PROGRESS NOTES**

Patient  
Name \_\_\_\_\_

Minette, Zonne I.D. # 317905

IP-井

## Institution

Schles

NAPHCARE  
PHYSICIAN'S PROGRESS NOTES

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN
2/28/03		MD Appt: Labs & X-Ray
# 175	wgt. 100°, 20, t <sub>temp</sub> 140/88	Alleged
		24 BM c/o 3 week hx RVQ Pain, this led to 4 days of constipation. 1 tablet p. Ondansetron & Colace & BM did not alleviate RVQ pain. CMP done 2/21/03 ↑ globulins 4.5 (nl 2.2-4.2) & albun phytal 148 (nl 20-125) & ne ALT & AST. CBC shows normocytic, hypochromic anemia. Pain in RVQ may alternately migrating between anterior lower ribs & just below lower ribs i "moves" down to RL but abd - no food intolerances & (1+) alluv. alleviates pain. Alternates between constipation & BM & colic change. Intermittently lets nl & experiencing early satiety.
		PS
		T. 100.0 lungs - clear abd ↓ BS - on tenufly. (1/11 neg) 3/4 pm to palpable /& percussive RL-Lewin rule & abd. RL &
		area

NAME- LAST	FIRST	MIDDLE	AIS #
Averette	Zavis		227905

**NAPHCARE  
PHYSICIAN'S PROGRESS NOTES**

**NAME- LAST**

**FIRST**

## MIDDLE

AIS #

Averette Zavua

S. Foster

217905

Date and Time

- 8-27-01 Received @ 3:45pm 3 meds Vol 1 - SCENILOPAN  
10/29/01 77.5, Apt 1e, (L) eye module - Wgt 180 lbs BP 120/80  
F-84 P-20 T- 97.5 ELLIN  
12/10/01 P.M. - Dr. Paulk @ 2:40pm on 12/11/01 — BK  
12-11-01 58 Received from Spec. Work app't. Dr. Mays  
Orders in manilla envelope in chart. R Mays  
12/20/01 fwt. Dr. Paulk @ 3:45pm on 12/21/01 — BBR  
02/07/02 See MD. Bumps on head  
189wgt. 132/68 70, 20 97.4 — AMYRS  
05-08-02 See CRNP — Bumps on head  
@ 905am 180wgt 98<sup>1</sup>, 76, 20, 120/80 — AMYRS  
9-3-04 No Show for sick call — SMITH  
10/7/04 Refused sick call — AHTH-Smit D/P

Name - Last

Avenette, Zavius

First

Middle

Inmate No.

217905

Nurse's Notes



## PHYSICIAN PROGRESS NOTES

Patient Name

Averette, Zavius I.D. # 217905

Institution

Station

DATE	TIME	NOTES	SIGNATURE
02/14/02		For Podo Tx. Scalp 978-74-18 130/70 Condyloma appearing lesions of posterior neck at hairline painted in polyphylene, pt states they are smaller - B Helms C/S/P	R Myers
2-18-02	7:55	WT 182# 96# 70-18 120/70 Re treatment of condyloma, appear smaller, pt is wh B Helms C/S/P	
4-10-02	11	painted in 80% TCA, no A pt 1 wh B Helms C/S/P	
4-17-02	8	Lesion of protein neck painted in 80% TCA, several scales removed pt instructed to cut hair + leave TCA on + scrub in soap < 14,0 L-1, L - B Helms C/S/P	
4-24-02	9:45	Hair cut, lesion smaller, few hair sealed up + washed ?? Still numerous lesions, painted in TCA Pt need to be shaved off B Helms C/S/P	
5-1-02	11:30	Condyloma much smaller, several have subsided pt 1 wh - B H/C/S/P	
5-8-02	10	Painted in 80% TCA Several hair removed B H/C/S/P	

## **PHYSICIAN PROGRESS NOTES**

Patient  
Name \_\_\_\_\_

Overette, Zorina I.D. # 217905

Institution SCC

DATE	TIME	NOTES	SIGNATURE
2-11-02	12 <sup>00</sup>	S: 22 yo Bm here w/ "bumps in my head" x several months Shampoo makes them better but they come back "more"	
	O: 97 <sup>4</sup> -70-20	132/68	
		numerous condyloma appearing lesions of posterior neck	
	A:	? Condylomatous lesion	
	P:	Paint is 25% Podophyllin pt x 1 wk	
		B: Helow's caps	
5-15-02	10 <sup>00</sup>	TCA 80% has resolved several lesions but ~ 5 large ones remain, Drst assumes that med is not going to work on these, will monitor lesions but prob needs laser or cosmet. Surg - B: Helow's caps	



## **PHYSICIAN PROGRESS NOTES**

Patient  
Name \_\_\_\_\_

I.D. #

### Institution

DATE	TIME	NOTES	SIGNATURE
02/29/01		<p>% painful knot (upper lid x 2 months)      painful x 3 wks ago, NPA</p> <p>(1) Upper nasal lid = fine palpable      nodule, non tender, (GENT)</p> <p>Erythema (Inflammation)</p> <p>(A) Hardolan &amp; upper lid</p> <p>Plan</p> <ul style="list-style-type: none"> <li>(1) Neosporin ointm = instuctions</li> <li>(2) po keflex</li> <li>(3) Warm compress.</li> <li>(4) Eyelet</li> </ul> <p>Bob Dayhoff 090</p>	

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN
9/13/02		See CRNP - ✓ eyes (① eye)
# 180 Wgt, 97 <sup>3</sup> , 62, 18, 142/88		— Myers S: 23 yrs B.o.r. here & /a. stays on (②) eye x 3 wks, cl had one on my top lid & it had to be cut out
D:	V/3 + some	(See note See Eyelet) size ① lower lid
A:	As above	
P:	See as above BT 3 wks Bヘルニア 症状	
10/04/02		See CRNP - ✓ eye lid
# 180 Wgt, 98 <sup>2</sup> , 130/82, 18, 66		— Myers
10 <sup>40</sup>	Here to re - ① eye for decrease about 50% cont. drab & eye int See as above Bヘルニア 症状	
NAME- LAST	FIRST	MIDDLE
		AIS #



**NAPHCARE  
PHYSICIAN'S PROGRESS NOTES**

NAME- LAST

FIRST

MIDDLE

AIS #

NC007



## PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
9-13-04	Averette, Yavious #217905	
11/16/05	M.D. appt for limb pain —	
	83, 975AT, 18, 144/78, 975, — PR	
	PT IN ALTERCATION HIT w/ BAR & THROWN ON GROUND	
	(S). 1/2 limb PAIN ELBOW SORE - unable to apply PRESSURE. ROM GOOD.	
	- R leg raw tender to touch. - ANKLE PAIN.	
	2. GEN: 3 0 X 3.	
	- elbow: ROM GOOD. MINOR HEMATOME ON ELBOW Non-tender	
	- shoulder pain in posterior of upper trapezius ROM GOOD of shoulder	
	- ANKLE RAW GROW. BRUISE @ 6IN ABOVE MEDIAL MALLEOLUS SIZE 3X5 TENDER & SWOLLEN.	
	2. Cervical skin laceration pain 2° straight. - FISTURE W/ PO BAND X 7D	
	② No wk x 3d.	
	F/u PR	<i>R. J. H. H.</i>
11/1/04	No Show Sick Call — Att Smith Jr	

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
	D. M. Murphy Jr.	DM	S. Wilder	SW	1 Discontinued Order 2 Refused 3 Patient out of facility 4 Charted In Error 5 Lock Down 6 Self Administered 7 Medication out of Stock 8 Medication Held 9 No Shot
Allergies	C. Elmore	CS	J. Hallmark	JH	
Housing Unit: Patient ID Number: 217905 Patient Name:	A. Willy Jr.	AW	R. Parker	RP	

## PRISON HEALTH SERVICES

Alabama Department of Corrections

## KOP Medication Protocol

The KOP program will allow specific inmates to keep certain kinds of medications on their possession. If they are caught selling, trading, or not taking the medication correctly, they will be removed from the list and face possible disciplinary actions. The KOP medications will include formulary medications.

1. The inmate will have in his possession the medication in blister pack. The inmate should take the medication as directed on the package sticker.
2. The inmate is to bring the package to the infirmary when he gets down to the reorder row of pills so the nursing staff can pull the sticker off the card and reorder. If the inmate waits until they have finished the last row of pills before coming to the nurse, they are likely to run out before their order comes in. The card will be checked at this time against the MAR to determine if the number of pills remaining is accurate (not to many left, not to few). This will be noted by looking at the date the card was given. Each inmate is responsible for keeping their medication in a secure area. We will not be responsible for stolen medications.
3. When the inmate receives their card of medication ,usually #30 tabs per card, they should pop them out in numerical order, i.e. #30, #29, etc.
4. In order to be eligible for KOP, the inmate must have a good history of compliance and voice understanding of how this system works. They will not be eligible if their medication is insulin or a psychotropic medication, or has been known to be non-complaint in the past. The inmate will be required to come to the infirmary and sign a KOP agreement that we have formulated. At this time the staff will explain the procedure to the inmate and document that the information was explained and the individual can again sign that the program has been explained in its entirety.
5. Once we have established the program, other will be free to request to be placed on KOP. If research finds that he will qualify, we will repeat the above with this individual.
6. We will not place just anyone on KOP. The individual must have past history evaluated first. This program will not include out-patient or inpatient mental health inmates.
7. Inmates may be requested to present for a medication check at any time to see that the correct number of pills are accounted for. The Medical Staff will be doing random checks for compliance.
8. The inmate holds harmless PHS and its healthcare providers for incidents that may result from the inmate taking medication improperly, exchanging the medicine with other inmates, and consuming drugs/medication provided by other individuals that result in drug interactions.

Inmate Signature: Zane Averett AIS#: 217905  
 Nurse Signature: APC Date: 21/10/06

DNADRG

motrin 600mg Bidx 7days  
 Pen VK 500mg tidx 10days  
 Flagyl 250mg tidx 10days



# MEDICATION ADMINISTRATION RECORD

**NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE**

19. *Leucosia* *leucostoma* (Fabricius) *leucostoma* (Fabricius)

8-1-05

THROUGH

8-31-05

Telephone No.

## Medical Record I

#### REFERENCES

| Alt. Telephone

#### **Rehabilitative**

NKA

Complete Entries Checked

By:

*B. Rosen*

**Title**

PATIENT CO

ROOM

Date \_\_\_\_\_

8

## MEDICATION ADMINISTRATION RECORD

STDT01

MEDICATIONS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Keflex 500mg iP Tid 7-29-05 X7d Mosier 8-5-05	0300																											
	0800																											
	1800																											
					</td																							

# MEDICATION ADMINISTRATION RECORD

STDTG1

## **MEDICATIONS**

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 2-1-05

THROUGH 2-28-01

Telephone No.

## Medical Record No.

FlySight

All Telephone

ergies

N K D A

#### Rehabilitative Potential

#### Diagnosis

Medicaid Number

11 Medicare Number

Complete Entries Checked

By: Eric

Title: Lia

Date: 1/21

**PATIENT**

— 1 —

PATIENT CODE

ROOM NO.

BED FACI

## MEDICATION ADMINISTRATION RECORD

STDT01

## **MEDICATIONS**

## **MEDICATIONS**

Hour

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

[View Details](#)

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

## CHARTING P

Telephone No.

Medical Record

'ergies

## Rehabilitative Potential

Medical Number

Medicare Number

Complete Entries Checked

B

Complete entries checked.  
*B. Rogers*

**Title**

PATIENT COD

John

ROOM NO.

Date \_\_\_\_\_

BED FAC



# CATION ADMINISTRATION RECORD

11/05/04

noct, N 600 mg + DX3d

~~10A~~ X ~~13B~~ ~~13C~~  
~~12D~~ X ~~14E~~ ~~14F~~  
~~10D~~ X ~~14G~~ ~~14H~~

11/08/04 Dr. Holley

Feldene 10mg :  
1P.O. qd X 30 days  
1/6/04 - 12/16/04 kg

104

Zonie Jones

三

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*✓ 11/32/14*

~~11/10/04 - 10/10/09~~  
PINDITCAN (FELDENE) 10MG CAP  
TAKE 1 CAPSULE(S) BY MOUTH  
PEOPLES

TAKE 1 CAPSULE(S) BY MOUTH DAILY SWEEP ON PERSONAL

卷之三

2170

A faint, horizontal watermark or stamp is visible across the page, appearing as a dark, textured band. It contains some illegible text and symbols, possibly a logo or a series of numbers.

1. The first step in the process of creating a new product is to identify a market need or opportunity. This can be done through market research, competitor analysis, and customer feedback. Once a need is identified, it is important to define the product's unique value proposition and target audience.

2. The second step is to develop a detailed product plan. This includes defining the product's features, benefits, and pricing strategy. It also involves creating a timeline for development, testing, and launch. A clear product plan is essential for ensuring that the product is developed efficiently and effectively.

3. The third step is to build the product. This involves selecting the right team, tools, and resources to bring the product to life. It also requires careful planning and execution to ensure that the product meets the defined requirements and exceeds customer expectations.

4. The fourth step is to test the product. This involves conducting user testing, performance testing, and quality assurance tests to identify any bugs or issues. It is important to fix any problems before launching the product to avoid negative reviews and damage to the brand.

5. The fifth step is to launch the product. This involves creating marketing materials, setting up distribution channels, and launching the product to the market. It is important to have a solid marketing plan in place to drive sales and generate buzz around the product.

6. The final step is to monitor and analyze the product's performance. This involves tracking key metrics such as sales, user engagement, and customer satisfaction. It also involves making adjustments to the product based on feedback and market trends. By continuously improving the product, companies can stay competitive and grow over time.

在這段時間，我會繼續研究和學習，並嘗試將所學應用到實際問題上。我會定期回顧自己的進步，並根據需要調整學習策略。我還會尋找機會與他人合作，從他們身上學習。最重要的是，我會保持對知識的熱愛和好奇心，永遠不滿足於現狀。

CHARTING FOR 11-01-04  
Physician Dr. Holley  
AB Physician

URSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE  
THROUGH 11-30-04 Telephone No. 1111 Medical Record No. 21798  
Alt. Telephone

✓ Rehabilitated  
Purrific

\* Complete Entries Checked: By: *Yvonne* Title: *R* Date: *11-*



## MEDICATION ADMINISTRATION RECORD



NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE				
CHARTING FOR Physician Alt. Physician Allergies  ICD-9-CM DIAGNOSIS	THROUGH Telephone Number Alt. Telephone Rehabilitative Potential		Inmate No. 217903	
Medicaid Number	Medicare Number	Complete Entries Checked By:	Title: Date:	
PATIENT Differential Diagnosis	PATIENT CODE	ROOM NO	BED	FACILITY Status

# **MEDICATION ADMINISTRATION RECORD**



42

## **MEDICATIONS**

**HOUR** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

## CHARTING FOR

**NURSE'S ORDERS, MEDICATION NOTES AND INSTRUCTION**

March 6, 2003 THROUGH March 31, 03

**Physician**

All Phys

Telephone Number

Inmate No.

**Alt Telephone**

### Rehabilitative Potential

Medicaid Number

**Medicare Number**

Complete Entries Checked

By:

**Title:**

Title:

Date:

PATIENT

~~Anastas~~ 2000

PATIENT CODE  
217915-5

ROOM

BED

FACILITY CG

**EDICATION  
ADMINISTRATION RECORD**

**NaphCare**

## **MEDICATIONS**

**HOUR** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |

NURSE'S ORDERS, MEDICATION NOTES, AND I

CHARTING FOR 3-1-23

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**Physician**

**Telephone Nu**

Alt. Phys.

#### **Rehabilitative**

1

— 1 —

Medicare Number

GO

Entries Checked

By:

Checked

Title:-

Date:

## **MEDICATION ADMINISTRATION RECORD**



ge 60 of 64

## **MEDICATIONS**

HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

CHARTING FOR 8-21-03

THROUGH 3/30/03

**Telephone Number:**

Inmate No.

## Physician

*Connie*

NBR

Inmate No.  
217915

AfL Phys

*Leem*

### Alt. Telephone

## Allergies

— 1 —

www.nature.com/scientificreports/

*[Signature]*

22

Entries Checked

— 1 —

Title:

ROOM NO.

Date: 10/03

— 1 —

**MEDICATION  
ADMINISTRATION RECORD**


J 06/11

**MEDICATIONS**

MOTRin 800 mg Po B.i.d X 7

1/27 - 2/3/03  
Reglan 10 mg Po B.i.d X 10

1/27 - 2/6/03

Colace 100mg Po B.i.d X 10

1/27 - 2/26/03

Du 100 mg Tab it  
Po B.i.d

1/29 - 2/1/03

Dulcolax 1/2 tabs T  
TID X 5  
2/1

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 2/1

THROUGH

2/28/03

Physician

Telephone Number

Inmate No.

217905

Alt. Physician

Alt. Telephone

Allergies

Rehabilitative

Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked

By:

M56p u/w 1/27/03

Date:

PATIENT

Ave Pette, ZAV/45

PATIENT CODE

ROOM NO.

BED

FACILITY CC  
SCC

# **MEDICATION ADMINISTRATION RECORD**



## MEDICATIONS

HOUR

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FC

THROUGH

**Telephone Number**

Inmate No.

Physician

Alt-Telephone

Art. Phys.

## Rehabilitative Potential

#### Diagnosis

Medicaid Number

Medicaid Number: \_\_\_\_\_ WIC Card Number: \_\_\_\_\_

Complete Entries Checked

41

is Checked  
m5leep up s 1/22/07 Title:  
DATE CODE:

~~Name:~~

1000

Date: \_\_\_\_\_

FACILITY C

**MEDICATION  
ADMINISTRATION RECORD**
**MEDICATIONS**

Motrin 600mg TID  
x5days for pain prn  
9/9/02 - 9/14/02 Miers

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10P

(6/14/02)  
(7/14/02)  
(8/14/02)

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Aug 9/14/02

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**MEDICATIONS**

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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR **9-1-02**THROUGH **9-30-02**

Physician

**Miers**

Telephone Number

Inmate No

**2179055**

Alt. Physician

**Miers**

Alt. Telephone

Allergies

**NKA**

Rehabilitative

Potential

Medicaid Number

Medicare Number

Complete Entries Checked

By:

**SDams LPN**

Title:

Date:

**9/4/02**

PATIENT

**Averette, Zavius**

PATIENT CODE

ROOM NO.

BED

**Sator****2179053**

PFS: NAPHC

**MEDICATION  
ADMINISTRATION RECORD**
**MEDICATIONS**

09/13/02 Neosparin eye  
Qint t.i.d x 10 days 10P

09/22/02 B-1 Elmo Crap 2a  
warm Compressed

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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**MEDICATIONS**

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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR

09/01/02

THROUGH 09/30/02

Physician Dr. Dennis

Telephone Number

Inmate No.

Alt. Physician

Alt. Telephone

217905

Allergies

Rehabilitative Potential

NKA

osis

Medicaid Number

Medicare Number

Complete Entries Checked

By: Austin

Title: Lpn

Date: 09/13/02

PATIENT

Averette, Zavus

PATIENT CODE

ROOM NO

BED

FACILITY C

State

PFS NAPH